



Statement of Fraudulent Card Transaction(s)

Cardholder Name:	Card Number:	
Street Address:	Date Card Was Discovered Lost/Stolen:	Type of Card: <input type="checkbox"/> ATM <input type="checkbox"/> Debit <input type="checkbox"/> Credit
City, State, Zip:	Date Cardholder Reported Lost/Stolen to Institution:	Date of First Fraudulent Transaction:
Mailing address if different from Street Address:	Was Law Enforcement Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	At the Time of the Fraudulent Transactions, my card was (Select an Option): <input type="checkbox"/> In my possession <input type="checkbox"/> Not in my possession
Home Phone: Mobile Phone: Work Phone:	Case #:	

- Cardholder submits this Statement of Fraudulent Card Transaction(s) form for the purpose of reporting the fraudulent use of their ATM/Debit/Credit Card.
- Cardholder states that the fraudulent transaction(s) described below were made without the knowledge, participation, consent, or authorization.
- Cardholder did not receive or benefit from the fraudulent transaction(s).
- Cardholder has reviewed all fraudulent transaction(s).

Name & Address of Fraudulent User (If known):

Description of Fraud/Additional Information (Required):

FRAUDULENT TRANSACTION(S)

Transaction Date	Transaction Posting Date	Transaction Amount	Merchant Name

Attach additional page to list more transactions

Cardholder agrees to provide to the credit union all information which may become known to the Cardholder with respect to the fraudulent transaction(s). If necessary, the Cardholder agrees to provide reasonable cooperation with the credit union and public authorities in any proceeding or investigation in connection with the fraudulent transaction(s) and consents that if it is established that the Cardholder has received any part of the amount of the fraudulent transaction(s), the credit union may charge such sum to an account of the Cardholder with the credit union.

Member Signature

Date

Mail: PO Box 64369
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